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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/813,386
		Filing Date	March 20, 2001
		First Named Inventor	Christopher R. Uhlik
		Art Unit	2686
		Examiner Name	Naghmeh Mehrpour
Total Number of Pages in This Submission		Attorney Docket Number	15685P093

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	RECEIVED
<input type="checkbox"/> PTO/SB/08		OCT 01 2003
<input type="checkbox"/> Certified Copy of Priority Document(s)		Technology Center 2600
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gregory D. Caldwell, Reg. No. 39,926 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 24, 2003

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Deborah L. Higham
Signature	
Date	September 24, 2003



FEET TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
0.00

Complete if Known

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Group/Art Unit	2686
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OCT 01 2003

Technology Center 2600

Fee Paid

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number
02-2666

Deposit Account Name
Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	750	2001	375	Utility filing fee
1002	330	2002	165	Design filing fee
1003	520	2003	260	Plant filing fee
1004	750	2004	375	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)		

2. EXTRA CLAIM FEES

Total Claims	25	25*	=	0	X	18.00	=	\$0.00	Fee from below	Fee Paid
Independent Claims	3	3*	=	0	X	84.00	=	\$0.00		
Multiple Dependent										

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		0.00

*or number previously paid, if greater, For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.		
2053	130	2053	130	Non-English specification		
1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
1251	110	2251	55	Extension for reply within first month		
1252	410	2252	205	Extension for reply within second month		
1253	930	2253	465	Extension for reply within third month		
1254	1,450	2254	725	Extension for reply within fourth month		
1255	1,970	2255	985	Extension for reply within fifth month		
1404	320	2401	160	Notice of Appeal		
1402	320	2402	160	Filing a brief in support of an appeal		
1403	280	2403	140	Request for oral hearing		
1451	1,510	2451	1,510	Petition to institute a public use proceeding		
1452	110	2452	55	Petition to revive - unavoidable		
1453	1,300	2453	650	Petition to revive - unintentional		
1501	1,300	2501	650	Utility issue fee (or reissue)		
1502	470	2502	235	Design issue fee		
1503	630	2503	315	Plant issue fee		
1460	130	2460	130	Petitions to the Commissioner		
1807	50	1807	50	Prosessing fee under 37 CFR 1.17(q)		
1806	180	1806	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1809	750	1809	375	Filing a submission after final rejection (37 CFR § 1.129(a))		
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))		
1801	750	2801	375	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design application		

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

Complete (if applicable)

Name (Print/Type)	Gregory D. Caldwell	Registration No. (Attorney/Agent)	39,926	Telephone	(503) 684-6200
Signature					Date